Ruptured ectopic pregnancy management in the COVID-19 pandemic era: a case report

[TITLE in sentence case only, except the Place, Names, or *Latin-word*, Align center, Times New Roman 14, 1.5 spaces, bold]

Abbreviations should not be present in the title of manuscript except a very common entity (DNA, RNA, COVID-19). No running titles.

Firstname Lastname[1], Firstname Lastname[2], Firstname Lastname[3]*

[Align centre, TNR 12, 1 space, normal, put asterix * for the corresponding author]

[1]Affiliation – [In capitalize each word only, align justify, TNR 12, 1 spaces, normal, 1 column on the whole]

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[Asterix first then write the similar text and the corresponding email, Align Justify, TNR 12, 1 space, norspace column on the whole]

Layout Format

Page size	A4
Margins	All Margins, 2.5 cm
Page number	Numbered at bottom right
Footer / Headers	None
Line Number	Continuous

ABSTRACT

[Align center, TNR 12, 1 space, bold, 1 column]

A brief summary of topic. Abstract presented in structure format and should include a brief introduction, case description and the conclusions of the work/summary. Do not exceed 350 words.

Introduction: Spontaneous conversion to sinus rhythm in atrial fibrillation after dual antiplatelet and anticoagulant therapy in patients with unstable angina. [The line must begin with the words Background boldfaced. Align justify, TNR 12, 1 space, normal, 1 column]

Case description: A 65-year-old man with unstable angina pectoris (UA) with new-onset atrial fibrillation normal ventricular rate (AF-NVR) came to the Emergency Department. [The line must begin with the words Case boldfaced. Align justify, TNR 12, 1 space, normal, 1 column]

Conclusion: New-onset AF has the chance of spontaneous conversion to sinus rhythm within 48 hours [The line must begin with the words Conclusion boldfaced. Align justify, TNR 12, 1 space, normal, 1 column]

--Enter 1 space--

Keywords: atrial fibrillation, spontaneous, conversion, acute coronary syndrome [Please include three to six keywords.

--Insert Page Break--

INTRODUCTION

[The HEADING line must begin with the words INTRODUCTION boldfaced. UPPERCASE, Aligned left, TNR 12, 1.5 spaces, bold, 1 column]

Description of the research area, pertinent background information, and the hypotheses tested in the study should be included under this section. The introduction should provide sufficient background information such that a scientifically literate reader can understand and appreciate the experiments to be described. The introduction MUST include upper-text citations including references to pertinent reviews and primary scientific literature. The specific aims of the project should be identified along with a rationale for the specific experiments and other work performed.[1]

Remember to put citation after the sentence that contain facts or opinion derived from previous publication.[2] Citing other works is a proper way of giving credit for the one who deserved it.[1,2]

[Sentence case, align justify, TNR 12, 1.5 spaces, normal, 1 column]

Inline citation followed the Vancouver superscript format. Inline citation should be numbered consecutively in the order in which they are first mentioned in the text.

CASE DESCRIPTION

[The HEADING line must begin with the words METHODS boldfaced. UPPERCASE, Align left, TNR 12, 1.5 spaces, bold, 1 column]

This section should relate the detailed description of the case. The description includes demographics description, medical history, physical examination finding and laboratory/imaging results. Management and complication after establishing diagnosis could be explained here. We suggest authors to utilize internationally recognized checklist for writing case as a guidance. Ethical approval or patients consent or both should be stated here.

[Sentence case, align justify, TNR 12, 1.5 spaces, normal, 1 column]

Note:

Subheadings I, e.g. ---- **Statistical analysis** – prefer to bold in sentence case only.

Subheadings II, e.g. ---- *subgroups analysis* – prefer to *italic* in sentence case only.

Tables

- Tables must be concise and cited consecutively using Arabic numerals in the text (Table 1, Table 2...etc.). The title of the table should clearly indicate the nature of the contents and sufficient detail should be included in the footnote to facilitate interpretation without reference to the text. Use horizontal rules only.

- Tables should be self-contained and complement, not duplicate, information contained in the text. They should be supplied as editable files, not pasted as images.

- Legends should be concise but comprehensive – the table, legend, and footnotes must be understandable without reference to the text.

- Table captions should be included at the main text.

- All abbreviations must be defined below the tables. The symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for *p*-values. Statistical measures such as SD or SEM should be identified in the headings.

- Example:

Table 1. The characteristic of mandibular angles. -------- [Sentence case, Align center, TNR 12, 1.5 spaces, normal, 1 column]

Data	Mean ± SD	p-value
Angulation		
30°	23 ± 2.4	0.015*
45°	30 ± 2.8	0.201
Width	60 cm ± 1.8	0.023*

Note: *significant at p<0.05 by independent t-test; SD = standard of deviation; p=probability.

Main table -------- [Sentence case, adjustable aligning, TNR 12, 1.5 spaces, normal; If the table is over than 1 page, they could be ordered as attractive as possible, without diminish the data values]

The note below the table -------- [Sentence case, Align left, TNR 10, 1 spaces, normal, 1 column]

Figures

- Photographs, drawings, diagrams and charts should be clear, easily legible and cited consecutively using Arabic numerals in the text (Figure 1, Figure 2...etc.). Please supply figures 1.5 to 2 times the size at which they will be finally reproduced. For line work, submit black-ink drawings of professional quality. Micrographs or other glossy photographs must be of the highest quality. Use standard symbols: ○, ●, ×, □, ■, △, ▲.
- If a figure comprises more than one glossy photograph, these should be marked A, B, C...etc. Figure legends should be marked clearly with their correspond letters. Legends should contain sufficient detail to permit figure interpretation without reference to the text. Scale markers should be indicated in the photographs. Color plates are also welcome. The choice of cover art illustration will be made by the Editor.
- Notify bellowing criteria:

a. Are all figures included in your submission as separate files or in a single PDF/Word document/LaTeX suite?

b. Do all figures have an accompanying legend that describes the content and explains any abbreviations or symbols?

c. Are all figures cited in the main text of your article?

d. Are all words or symbols in your figures large enough for easy reading by your audience?

e. Are all figures saved in an acceptable file type?

f. Is each individual figure file less than 10 MB?

g. Were figures created between 80 and 180 mm width? 300 to 600 DPI?

h. Are all figure files named with their appropriate figure number?

- Figures for final production should be submitted as electronic files and hard copy so that the editorial office can ensure that the output of electronic files matches the hardcopy. Please pay particular attention to the guidelines below.

- The editorial office cannot undertake preparation of manuscripts and illustrations not conforming to journal style.

- Manuscripts of insufficient quality will be returned immediately without refereeing.

- A high standard of illustration (both line and photo) is an editorial priority.

- All illustrations should be prepared for printing to fit 80 x 240 mm (column width) or 169 mm by up to 240 mm (full page) size. It is preferred that the full-page length is not used and that authors keep in mind that the caption will be placed underneath the figure.

- In the event that full-page length is necessary for plates, captions will have to appear on adjacent pages.

- Compound figures with more than one micrograph or photo should be referred by a single figure reference (e.g. Figure 1), and individual parts should be labeled with capitalized letters in the lower left-hand corner.

- Lettering should be of a sans-serif type (i.e. fonts without serifs such as Arial) with a minimum published size of 4.2 mm (12 pt).

- Descriptive labeling in the figures should be clearly readable, and all lettering should have a minimum published size of 6 pt (2.1 mm) for labeling items on photographs or in line art is recommended and a maximum size of 10 pt is suggested.

- Use a scale bar to indicate magnifications and place in the lower right corner if possible.

- Computer prepared photographic images must be at a minimum of 300 dpi at the final publication size. Lower resolution will result in pixilation and poor quality images. These should be submitted as JPEG, TIFF or PPT files, but encapsulated postscript (EPS) format is also acceptable.

- Computer drawn figures are accepted provided they are of high quality. Please note that graphs produced by many statistic packages are rarely adequate. In particular, letter quality on axes and captions are often poor. Such figures should be exported into an accepted graphics package and lettering rendered using a text function.

- Authors should note that **.dot, .bmp, and .pat fills** should be avoided.

- Do not use postscript fill patterns as these are often based on bit map patterns that result in screening patterns during final reproduction.

- When filling illustrations, use fills such as lines, tints or solids. Line width minimum is 0.25 pt (0.09 mm). Also avoid the use of bitmap scans to render text and detail.

- Text should be saved as text at a minimum text size of 6 pt (2.1 mm).

- Please submit line art as Corel Draw, Adobe Illustrator, or EPS files. These must be at a minimum resolution of 800 DPI at publication size. High resolution may be necessary where fine line detail is present.

- **For graphs, Excel graphs are also acceptable. Note that vertical axes must all be at the same scale especially where the paper compares between them. Otherwise they should be produced as separate figures. Avoid 3D plots when presenting 2D data.**

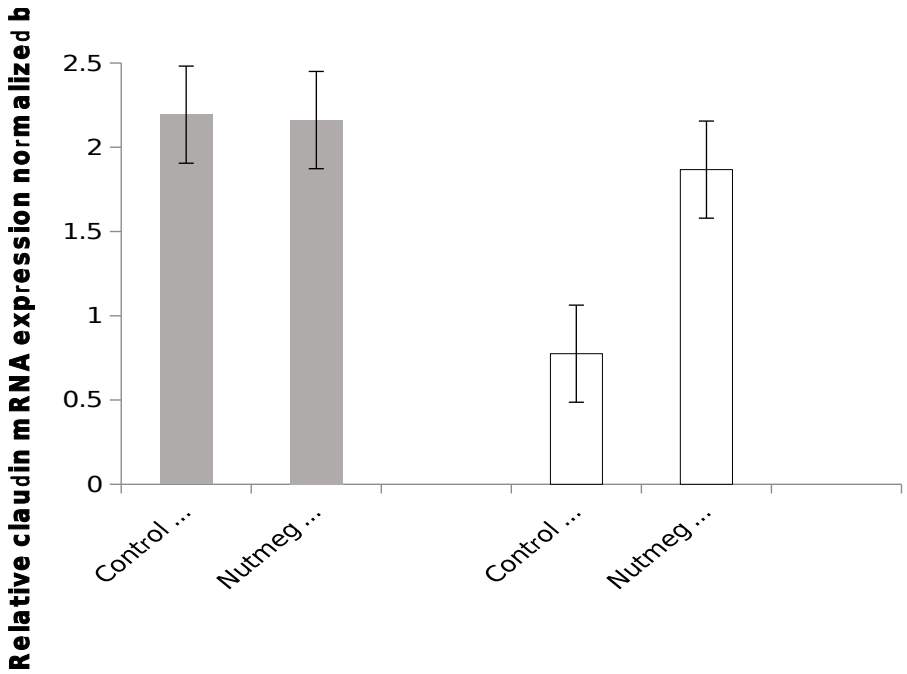

Figure 1. Example bar chart that showed the relative claudin mRNA expression normalized by β-actin. Grey-colored bar showed relative claudin mRNA expression insignificantly between control and nutmeg in younger group. White-colored bar showed relative claudin mRNA expression significantly in nutmeg higher than the control within aging group. *Note: *significant at p=0.00002 by paired t-test.* --------
[Sentence case, Align justify, TNR 12, 1.5 spaces, normal, 1 column; If there is/are statement of note/symbols, the *italic* style is preferable]

Example of photograph (min. 300 dpi/clearly readable)

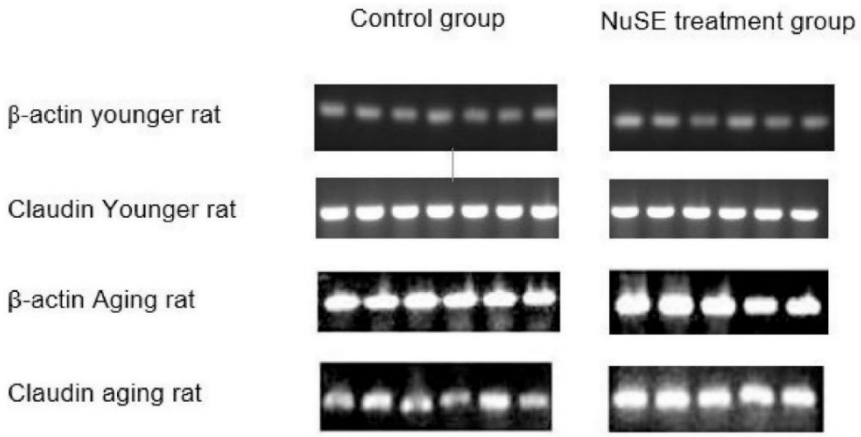

Figure 2. The results of mRNA gel electrophoresis regarding with the claudin expression -------- [Sentence case, Align center (short caption/title, TNR 12, 1.5 spaces, normal, 1 column; If there is/are statement of note/symbols, the *italic* style is preferable]

Example of one's copyright works

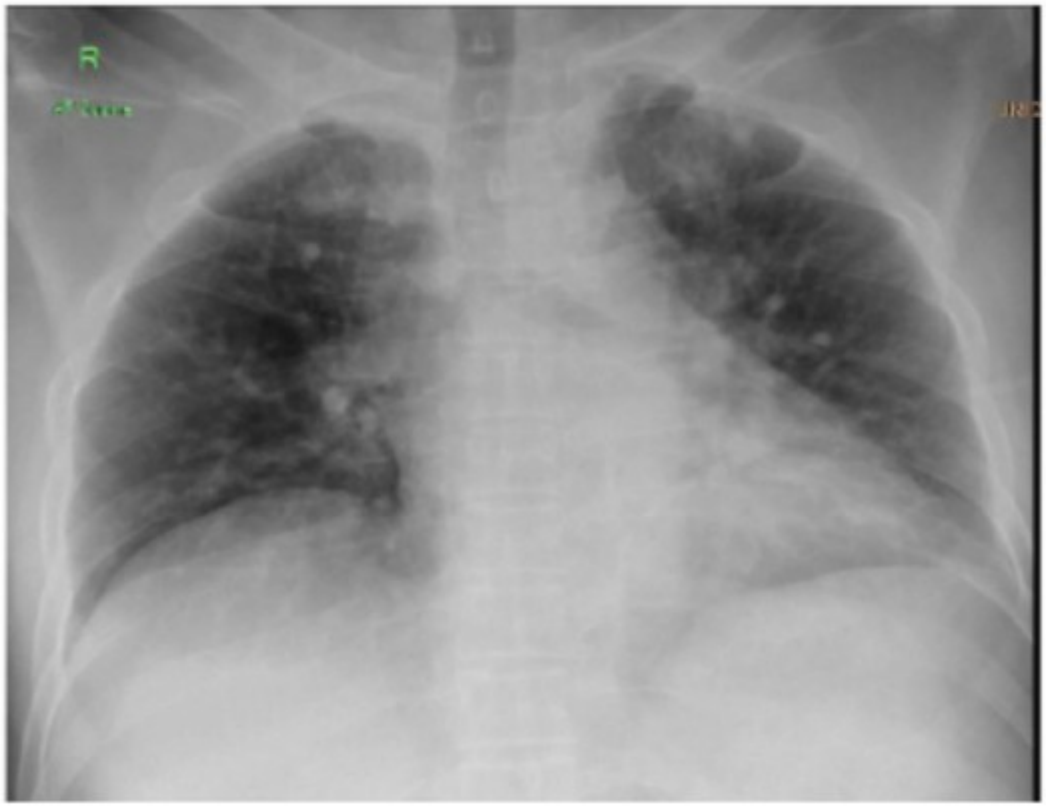

Figure 3. Chest x-ray (*Permission of Bhargah et al., 2016*)[6] -------- [Sentence case, align center (short caption/title, TNR 12, 1.5 spaces, normal, 1

column; the permission statement should be *italic;* citation number is written as superscript letter]

DISCUSSION

[The HEADING line must begin with the words RESULTS boldfaced. UPPERCASE, Align left, TNR 12, 1.5 spaces, bold, 1 column]

This section should relate the results section to current understanding of the scientific problems being investigated in the field. Description of relevant references to another work/s in the field should be included here. This section also allows you to discuss the significance of your results - i.e. does the data support the hypotheses you set out to test? This section should end with new answers/questions that arise as a result of your work.

CONCLUSION

[The HEADING line must begin with the words CONCLUSION boldfaced. UPPERCASE, Align left, TNR 12, 1.5 spaces, bold, 1 column]

This section should relate the conclusion section to current understanding of the scientific problems -------- [Sentence case, align justify, TNR 12, 1.5 spaces, normal, 1 column]

DISCLOSURES

– [The HEADING line must begin with the words DISCLOSURES boldfaced. UPPERCASE, Align left, TNR 12, 1.5 spaces, bold, 1 column]

Funding

Provide statement regarding funding sources, grant or third-party support.

Conflict of Interest

Provide statement regarding possible relationships between author(s) and any organizations or person that could influence the objectivity during the study, interpreting the result as well as during the writing of the manuscript.

Author Contribution

Provide detailed contribution of each authors for example. AA and BB involved in concepting, designing and supervising the manuscript. CC and DD conduct the study. AA and CC analyses the data. All authors prepare the manuscript and agree for this final version of manuscript to be submitted to this journal.

[Sentence case, align justify, TNR 12, 1.5 spaces, normal, 1 column]

ACKNOWLEDGMENTS

– [The HEADING line must begin with the words ACKNOWLEDGMENTS boldfaced. UPPERCASE, Align left, TNR 12, 1.5 spaces, bold, 1 column]

This is a brief section crediting the people who contribute to the work but not qualified for authorship. Limits of 100 words.

[Sentence case, align justify, TNR 12, 1.5 spaces, normal, 1 column]

REFERENCES

[The HEADING line must begin with the words REFERENCES boldfaced. UPPERCASE, Align left, TNR 12, 1.5 spaces, bold, 1 column]

1. Pontén B. The fasciocutaneous flap: its use in soft tissue defects of the lower leg. Br J Plast Surg. 1981;34(2):215–20. Available from: http://www.ncbi.nlm.nih.gov/pubmed/7236984
2. 1. Tini K, Samatra IDPGP, Wiryadana KA, Supadmanaba IGP. Clinical Profile of Patients with Cerebrovascular Disease at Stroke Center , Sanglah Hospital Denpasar Bali. *Bali Med J.* 2020;9(1):129–36. Available from: https://www.balimedicaljournal.org/index.php/bmj/article/view/1665

- Vancouver Superscript style guideline. For ease of formatting we recommend the authors to utilize our CSL template. https://csl.mendeley.com/styles/315880411/vancouver-superscript-IntisariSainsMedis
- References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order).
- Identify *references in text,* tables, and legends by Arabic numerals in superscript without square bracket after the punctuat*ion marks.*
- *References cited only* in tables or figure legends should be numbered in accordance with the sequence established by the first.
- Identification in the text of the particular table or figure. Use the style of the examples below.
- The titles of journals *should be abbreviated acc*ording to the style used in Index Medicus.
- Use complete name of the journal for non-indexed journals.
- Avoid using abstracts as references.

- Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source.

- Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE.